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DECLARATION			Attorney Do	cket Number	ETH5084-NON PROV	
AND POWER OF ATTORNEY FOR UTILITY OR DESIGN					Sanyog Manohar Pendharkar et. al.	
	APPLICATION		COMPLETE IF KNOWN			
<i>//</i>	CFR 1.63) th ⊠ Declaration Sub	ırcharge	Application I	Number		
			Filing Date		January 30, 2004	
			Group Art U	Init		
			Examiner N	ame		
As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
HEMOSTATIC COMPOSITIONS AND DEVICES (Title of the Invention)						
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached? YES NO	

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY)							
Application NO.	Date	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar							
as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.							
		Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer NumberAND	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Kent Wissing at telephone number (732) 524-6201.							
Customer Number Direct all correspondence to:							
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City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Sanyog M. or Surname Pendharkar Inventor's Jan 29 Signature State NJ Residence: City Old Bridge **Country USA** Citizenship USA Mailing Address 9 Larch Drive **ZIP** 08857 City Old Bridge State NJ Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Anne J. or Surname Gorman Inventor's Signature Residence: City Hightstown State NJ Country USA Citizenship USA Mailing Address 314 Stockton Street City Hightstown State NJ ZIP 08520 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor **Family Name Given Name** or Surname (first and middle [if any]) Thomas L Craven inventor's Signature Residence: City Bridgewater State NJ Country USA Citizenship USA Mailing Address 21 Field Street ZIP 08807 **Country USA** City Bridgewater State NJ